

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> Offeror To Complete Block 12, 17, 23, 24, & 30				<b>1. Requisition Number</b> SEE SCHEDULE		<b>Page</b> 1 <b>Of</b> 3	
<b>2. Contract No.</b> W56HZV-04-D-0299		<b>3. Award/Effective Date</b> 2004NOV01		<b>4. Order Number</b> 0001		<b>5. Solicitation Number</b>	
<b>7. For Solicitation Information Call:</b>		<b>A. Name</b> LENORE MYERS			<b>B. Telephone Number (No Collect Calls)</b> (586)574-8121		<b>6. Solicitation Issue Date</b>
<b>9. Issued By</b>  TACOM WARREN AMSTA-AQ-ATAC WARREN, MICHIGAN 48397-5000  HTTP://CONTRACTING.TACOM.ARMY.MIL  e-mail: MYERSLE@TACOM.ARMY.MIL		<b>Code</b> W56HZV		<b>10. This Acquisition Is</b> <input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Set Aside: % For  <input type="checkbox"/> Small Business <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> 8(A) NAICS: 336350 Size Standard:		<b>11. Delivery For FOB Destination Unless Block Is Marked</b> <input checked="" type="checkbox"/> See Schedule	
						<b>12. Discount Terms</b> NET 30 DAYS	
<b>15. Deliver To</b> XR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V TPF GATE 44 BLDG 184 TEXARKANA TX 75507-5000		<b>Code</b> W45G19		<b>16. Administered By</b> DCMA SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA CA 92701-4056			
<b>Telephone No.</b>				<b>18a. Payment Will Be Made By</b> DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381			
<b>17. Contractor/Offeror</b> LINMARR ASSOCIATES INC 4460 NORTH PARK ST LAS VEGAS, NV. 89129-2678		<b>Code</b> 1GX03 <b>Facility</b>		<b>Code</b> HQ0339			
<b>Telephone No.</b>							
<input type="checkbox"/> 17b. Check If Remittance Is Different And Put Such Address In Offer		<b>18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked</b> <input type="checkbox"/> See Addendum					
<b>19. Item No.</b>	<b>20. Schedule Of Supplies/Services</b>			<b>21. Quantity</b>	<b>22. Unit</b>	<b>23. Unit Price</b>	<b>24. Amount</b>
	SEE SCHEDULE						
(Use Reverse and/or Attach Additional Sheets As Necessary)							
<b>25. Accounting And Appropriation Data</b> ACRN: AA 97 X4930AC6D 6D 26FB S20113 W56HZV						<b>26. Total Award Amount (For Govt. Use Only)</b> \$12,003.00	
<input type="checkbox"/> 27a.Solicitation Incorporates By Reference FAR 52.212-1,52.212-4,FAR 52.212-3 And 52.212-5 Are Attached. Addenda				<input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.			
<input checked="" type="checkbox"/> 27b.Contract/Purchase Order Incorporates By Reference FAR 52.212-4. FAR 52.212-5 Is Attached. Addenda				<input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.			
<input type="checkbox"/> 28. Contractor Is Required To Sign This Document And Return _____ Copies to Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein.				<input type="checkbox"/> 29. Award Of Contract: Ref. _____ Offer Dated _____. Your Offer On Solicitation (Block 5), Including Any Additions Or Changes Which Are Set Forth Herein, Is Accepted As To Items:			
<b>30a. Signature Of Offeror/Contractor</b>				<b>31a. United States Of America (Signature Of Contracting Officer)</b>			
<b>30b. Name And Title Of Signer (Type Or Print)</b>		<b>30c. Date Signed</b>		<b>31b. Name Of Contracting Officer (Type Or Print)</b> MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (586)574-5333		<b>31c. Date Signed</b>	

19. Item No.	20. Schedule Of Supplies/Services	21. Quantity	22. Unit	23. Unit Price	24. Amount

32a. Quantity In Column 21 Has Been

☐ Received ☐ Inspected ☐ Accepted, And Conforms To The Contract, Except As Noted: \_\_\_\_\_

32b. Signature Of Authorized Government Representative		32c. Date	32d. Printed Name and Title of Authorized Government Representative		
32e. Mailing Address of Authorized Government Representative			32f. Telephone Number of Authorized Government Representative		
			32g. E-Mail of Authorized Government Representative		
33. Ship Number		34. Voucher Number	35. Amount Verified Correct For	36. Payment	37. Check Number
<input type="checkbox"/> Partial	<input type="checkbox"/> Final			<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	
38. S/R Account Number	39. S/R Voucher Number	40. Paid By			
41a. I Certify This Account Is Correct And Proper For Payment			42a. Received By (Print)		
41b. Signature And Title Of Certifying Officer			41c. Date	42b. Received At (Location)	
				42c. Date Rec'd (YY/MM/DD)	42d. Total Containers

<p align="center"><b>CONTINUATION SHEET</b></p>	<p align="center"><b>Reference No. of Document Being Continued</b>  <b>PIIN/SIIN W56HZV-04-D-0299/0001 MOD/AMD</b></p>	<p align="right"><b>Page</b>    2 of 3</p>
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**Name of Offeror or Contractor:** LINMARR ASSOCIATES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0041	NSN: 2520-01-346-1374 FSCM: 19207 PART NR: 12341909 SECURITY CLASS: Unclassified				
0041AA	<u>FIRST ORDERING YEAR</u>  NOUN: PROPELLER SHAFT WIT PRON: EH54L505EH    PRON AMD: 01    ACRN: AA AMS CD: 070011  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING REQUIREMENTS CLAUSE LEVEL PRESERVATION: Military LEVEL PACKING: B  <u>Inspection and Acceptance</u> INSPECTION: Origin    ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                                SUPPL <u>REL CD    MILSTRIP    ADDR    SIG CD    MARK FOR    TP CD</u> 001   W56HZV4279T904   W45G19        J                                2 <u>DEL REL CD                QUANTITY                DAYS AFTER AWARD</u> 001                        150                        0120  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W45G19)    XR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V TPF GATE 44 BLDG 184 TEXARKANA                                TX 75507-5000  <u>CONTRACT/DELIVERY ORDER NUMBER</u> W56HZV-04-D-0299/0001	150	EA	\$ 80.02000	\$ 12,003.00

**CONTINUATION SHEET**

Reference No. of Document Being Continued

**PIIN/SIIN** W56HZV-04-D-0299/0001

MOD/AMD

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**Name of Offeror or Contractor:** LINMARR ASSOCIATES INC

## CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/	OBLG		JOB							
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ORDER NUMBER</u>	<u>ACCOUNTING STATION</u>	<u>OBLIGATED AMOUNT</u>				
0041AA	EH54L505EH	AA	2	97 X4930AC6D 6D	26FB S20113	W56HZV \$	12,003.00				
	070011										
						TOTAL \$	12,003.00				

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6D	6D	26FB S20113	W56HZV	\$ 12,003.00
						TOTAL	\$ 12,003.00